AP01

Appointment of director



You can use the WebFiling service to file this form online Please go to www.companieshouse.gov.uk

✓ What this form is for

You may use this form to appoint
an individual as a director

What this form is NOT fo You cannot use the form to a corporate director To do t please use form APO2 'Appc of corporate director'



408 30/07/2013 COMPANIES HOUSE

#268

Company name in full THE NATIONAL ASSOCIATION FOR SPECIAL EDUCATIONAL NEEDS (NASEN) 2	OMPANIES HOUSE				
Company name in full THE NATIONAL ASSOCIATION FOR SPECIAL EDUCATIONAL NEEDS (NASEN) 2 Date of director's appointment Date of appointment 4 1 4 8 70 77 72 70 71 73 3 New director's details Title* MS Full forename(s) ELAINE MARY Surname COLQUHOUN Former name(s) Country/State of residence Nationality Business occupation (if any) A New director's service address below You must also complete your usual residential address in Section 4a Building name/number Street Nationality New director's service address below You must also complete your usual residential address in Section 4a Post town Country/Region Locator Country/Region Locator Fostcode Table 2 A A A A A A A A A A A A A A A A A A					
THE NATIONAL ASSOCIATION FOR SPECIAL EDUCATIONAL NEEDS (NASEN) Date of director's appointment Date of appointment Date of appointment Date of appointment Date of appointment 1	Filling in this form Please complete in typescript or in				
Date of director's appointment Date of appointment Date of appointment Title* MS Full forename(s) ELAINE MARY Surname COLQUHOUN Former name(s) Country/State of residence Wattonality Date of birth Date of birth Date of birth Please complete your service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town Country/Region Loador Postcode The Country/Region Loador Former name(s) Specific To you you you wust also complete your usual address in Section 4a Formation	bold black capitals				
New director's details Title* MS	All fields are mandatory unless specified or indicated by *				
New director's details Title* MS Full forename(s) ELAINE MARY Minuman COLQUHOUN Former name(s) Country/State of residence Nationality Date of birth Business occupation (if any) Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region London Postcode Tube MS Full forename(s) Minuman Minum					
Full forename(s) ELAINE MARY Surname COLQUHOUN Former name(s) Country/State of residence Nationality Date of birth New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Fostcode Postcode Full forename(s) ELAINE MARY More of forename(s) More of foren					
Full forename(s) ELAINE MARY Surname COLQUHOUN Former name(s) SPENCE Country/State of residence Nationality Date of birth New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Fostcode Full forename(s) ELAINE MARY Mind for forename(s) Full forename(s) Mind forename(ormer name(s)				
Full forename(s) Surname COLQUHOUN Former name(s) SPENCE Country/State of residence Nationality Date of birth Business occupation (if any) Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Full forename(s) M. M	Please provide any previous names which have been used for business purposes in the past 20 years Married women do not need to giv former names unless previously use for business purposes. Continue in section 6 if required Country/State of residence This is in respect of your usual residential address as stated in Section 4a				
Surname COLQUHOUN Former name(s) SPENCE Country/State of residence NX Nationality Date of birth Business occupation (if any) New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Former name(s) SPENCE Country/State of residence NX NY Y 1 19 15 15 Business occupation (if any) SPENCE The Country Service address SPENCE New director's service address SPENCE Please complete your service address below You must also complete your usual residential address in Section 4a The Country Street Post town Country/Region Fostcode					
Former name(s) SPENCE Country/State of residence NX Nationality Bnish Date of birth					
Country/State of residence Nationality Date of birth Business occupation (if any) New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Date of birth New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Date of birth New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Post town County/Region Fost town County/Region Fost code The complete your usual residential address in Section 4a The complete your usual your usual residential address in Section 4a The complete your usual your usu					
Date of birth Business occupation (if any) New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Postcode The plant of the plant					
Business occupation (if any) New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Postcode The address occupation If please complete your usual residential address in Section 4a The address occupation Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation Postcode Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation Postcode Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation If address occupation					
Business occupation (if any) New director's service address Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Post town County/Region Postcode The address occupation If please complete your usual residential address in Section 4a The address occupation Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation Postcode Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation Postcode Please complete your service address below You must also complete your usual residential address in Section 4a The address occupation If address occupation	usiness occupation				
Please complete your service address below You must also complete your usual residential address in Section 4a Building name/number Street Whitefield Schods + Cantre address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a Please complete your service address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address in Section 4a The service address below You must also complete your usual residential address in Section 4a The service address in Section 4a Th	If you have a business occupation, please enter here If you do not, please leave blank				
residential address in Section 4a Building name/number Whitefield Schods + Contre had address to the section 4a Post town County/Region Postcode The production of the section 4a The or had address to the section 4a Place and the section 4a The or had address to the section 4a Place address to the section 4a The or had address to the section 4a Place address to the section 4a Place address to the section 4a Post town County/Region Fostcode					
Building name/number Street Whitefield Schods + Countre and Maccomald Rd Plost town County/Region Postcode Postcode Postcode Tuge and 2 Tuge and 3	ervice address his is the address that will appear				
Post town County/Region Postcode Tuge Postcode Postcode Postcode Postcode Postcode Postcode Postcode Postcode Postcode	on the public record This does not have to be your usual residential				
Post town County/Region Postcode Postcode Postcode Postcode	ddress lease state 'The Company's				
Post town Nocoton County/Region Fostcode Fostcode Fostcode	egistered Office' if your service				
County/Region London Postcode Fundan Eigenstein	address is recorded in the company's register of directors as the company's registered office				
Postcode TUSALZ FINA ad	you provide your residential				
	address here it will appear on the public record				
Country					

APO1 Appointment of director

5	Signatures			
	I consent to act as director of the above named company	O Societas Europaea If the form is being filed on behalf		
New director's signature	X E. N. Colquison X	of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the persor signing has membership		
Authorising signature	Signature X	Person authorised Under either section 270 or 274 of the Companies Act 2006		
	This form may be signed and authorised by Director •, Secretary, Person authorised •, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor Additional former names (continued from Section 3)			
6	Additional former names (continued from Section 3)			
Former names 9		Additional former names Use this space to enter any additional names		

AP01

Appointment of director

Presenter information You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record Contact name JANE COBBY Company name THE NATIONAL ASSOCIATION FOR SPECIAL EDUCATIONAL NEEDS (NASEN) Address NASEN HOUSE 4 & 5 AMBER BUSINESS VILLAGE AMBER CLOSE, AMINGTON Post town TAMWORTH County/Region STAFFS В Country ENGLAND Checklist We may return forms completed incorrectly or with information missing Please make sure you have remembered the following ☐ The company name and number match the information held on the public Register You have provided a business occupation if you

have one

Section 3

You have provided a correct date of birthYou have completed the date of appointment

☐ You have completed the nationality box in

usual residential address

completing this form

☐ You have provided both the service address and the

☐ Addresses must be a physical location They cannot

be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number

application if applying for this at the same time as

 You have included all former names used for business purposes over the last 20 years

☐ You have enclosed a relevant section 243

☐ The new director has signed the form☐ You have provided an authorising signature

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses

☑ Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For companies registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

For companies registered in Scotland¹
The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE

Further information

For further information please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

ι	···	ııııçı	11111	лна	LIVII
		•			

CHFP000 05/10 Version 4 0